

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JAN -7 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S07194

**1. Corporation Name**

International Reinsurance, Inc.

**2. Principal Office Address**

3100 Ocean Blvd.

Suite, Apt. #, etc.

Suite 2808

City & State

Fort Lauderdale

Zip

33306

Country

USA

**3. Mailing Office Address**

3100 Ocean Blvd.

Suite, Apt. #, etc.

Suite 2808

City & State

Fort Lauderdale

Zip

33306

Country

USA

REINSTATE

02-03

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/19/1990

**5. FEI Number**

581917243

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Laurence B. Day

Street Address (P.O. Box Number is Not Acceptable)

3100 Ocean Blvd.

Suite, Apt. #, Etc.

Suite 2808

City

Fort Lauderdale

State

FL

Zip Code

33306

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

1-3-03

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Laurence B. Day	3100 Ocean Blvd, #2808	Ft. Lauderdale, FL 33306

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-03

Date

954-873-6947

Daytime Phone #

CR2E081 (10/02)

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**1-3-03**

Date

**954-873-6947**

Daytime Phone #

CR2E081 (10/02)

**James W.  
Stroup, P.A.**

ATTORNEY AT LAW

119 SE 12th Street  
(Davie Blvd.)  
Ft. Lauderdale, FL  
33316



James W. Stroup,  
Esquire

January 3, 2003

**VIA FACSIMILE  
8121 1519 9308**

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

RE: International Reinsurance, Inc.  
Document No. S07194

Dear Division of Corporations:

Enclosed please find a Corporation Reinstatement form for the above-referenced corporation along with check no. 1180 in the amount of \$1,050.00 to cover reinstatement fees. Additionally, please find check no. 1757 in the amount of \$8.75 to cover the cost of a Certificate of Status for International Reinsurance, Ltd. after it has been reinstated. Please forward the Certificate of Status to our office in the enclosed FedEx envelope (Airbill No. 812115199319).

Thank you for your assistance in this regard and if you have any questions or comments, please do not hesitate to contact us.

Sincerely,

JAMES W. STROUP, P.A.

*Wendy N. Williams*  
Wendy N. Williams  
Paralegal

Enclosures